CMHDA Position on Statewide Prevention and Early Intervention (PEI) Programs
May 22, 2008

For the past several months the California Mental Health Directors Association (CMHDA) has diligently demonstrated its commitment to the implementation of statewide Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Programs. Despite various process challenges that have become more apparent over the past year in administering these programs, our primary reason for exploring alternative administrative solutions is our unwavering support for the most expeditious and effective way to implement PEI Statewide Programs. Our Association has consistently sought to push beyond stalemates, and we remain committed to providing our assistance in moving expeditiously forward on these programs.

In recent weeks -- through the leadership of Senator Darrell Steinberg -- a timely implementation strategy has been identified for three of the five PEI statewide programs. Therefore, it now appears that the most expeditious way to implement the Student Mental Health Initiative, the Statewide Initiative on Suicide Prevention, and the Statewide Initiative on Stigma and Discrimination Reduction, is through state administration. CMHDA supports the Department of Mental Health (DMH) obtaining legislative budget authority for both administering these programs and for spending county MHSA funds for these projects -- contingent upon receipt of county assignment of the funds, and the MHSOAC providing authority and direction to the state for the use of the funds.

Under the state's legal interpretation of the MHSA, funds are to go to counties for implementation of programs approved by the state. The Act does not specifically provide for statewide programs, other than a provision that states that counties may act jointly. Therefore, in order for the state to administer and spend local MHSA funds, counties must individually reassign local funds to the state, pursuant to local stakeholder approval.

The process of assignment for these specific initiatives does not have to be seen as a barrier to implementation, however. Through close coordination and a problem-solving approach, CMHDA, in collaboration with DMH and the MHSOAC, can identify and promote the many benefits to local communities that these statewide initiatives will provide. County mental health directors, local stakeholders and Boards of Supervisors will be provided with information that clearly outlines the advantages of assignment back to the state for administration. We would, however, request that for the smallest counties, there be consideration of a small county exclusion option – similar to the one allowed under the MHSA Housing Program.

While CMHDA supports state administration of these three specific PEI programs, this does not mean that in general, over the long term, we believe that the state is the most effective or efficient entity for administering statewide or regional projects for counties. Rather, we support counties' ability to objectively evaluate all administrative options for other current or future

proposed statewide or regional MHSA programs. As implementers of the Act, we place a high priority on evaluating what will be the most efficient and effective means of delivering services with MHSA funds, in collaboration with local stakeholders.

Finally, we remain resolute in our view that in order to have the most effective outcomes with statewide initiatives, local components to the statewide programs should be objectively explored and considered. Such coordination between state and local level efforts can only improve outcomes. This belief is recognized in the *California Strategic Plan on Suicide Prevention* that identifies key local strategies that support state level work. Similar arguments can be made for effective approaches to reduce Stigma and Discrimination, and to support successful partnerships between mental health and educational systems. CMHDA hopes this coordination can be achieved through collaborative working relationships among DMH, the MHSOAC, and stakeholders. We look forward to future discussions about how best to achieve a coordinated effort to maximize the impact of these three statewide initiatives.

Clarification of the Assignment Process and Delegated Authority Clause
(*as Stated in the MHSA Agreement*)

The MHSA requires that services provided pursuant to the Act be implemented "through contracts" with county mental health programs or counties acting jointly.

> *5897 (a) and (b): "…the Department of Mental Health shall implement the mental health services…of this Division through contracts with county mental health programs or counties acting jointly." (b): "Two or more counties acting jointly may agree to deliver or subcontract for the delivery of such mental health services. The agreement may encompass all or any part of the mental health services provided pursuant to these parts. Any agreement between counties shall delineate each county's responsibilities and fiscal liability."*

The Act does not specify a process for state-administered or statewide programs. Therefore, it is necessary for counties to "assign" local funds back to the state in order for the state to administer a program on behalf of "counties or counties acting jointly."

"Assignment" under this context means a formal process in which a county assigns its funding back to the state for a specific purpose. This is specified in DMH's exhibit B #10, page 5 of 12 of the MHSA agreement.:

> *By mutual consent, the County may assign the funding reserved for the County for specific MHSA activities to the State for the purposes of implementing state administered MHSA projects. Such assignment will occur through an assignment agreement executed between the State and the County which specifies the purpose of the agreement and the source of funds. The State will retain the right to sub-contract for the provision of services intended by the assignment.*

Assignment is only needed for state-administered -- not statewide -- projects. Also, DMH has determined that even in the case of "assignment," all programs/projects funded with MHSA resources must receive input from stakeholders. In other words, local stakeholders may provide comments regarding their support, or lack of support, for the "assignment" of local funds to a state-administered project.

The delegated authority clause is also outlined in the MHSA agreement. Delegation is addressed in DMH's exhibit B #6 entitled "Resolution," page 3 of 12.

The County must provide the State with a resolution, order, motion, or ordinance of the local governing body which by law has the authority to enter into an agreement, authorizing execution of this Agreement. Documents submitted authorizing execution of the Agreement must reference the Agreement number and must contain a statement of approval by the local governing body.

Additionally, the County may designate an individual to act as the fiscal and programmatic administrative agent for the purposes of this Agreement. If the County exercises this discretion, they must provide the State with a copy of a resolution, order motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing the designation of an agent. Preferably resolutions should authorize a designated position rather than a named individual.

Currently there are 49 counties that have delegated authority, but 19 of those individuals are actually local Boards of Supervisors members or County Administrative Officers (CAOs). Delegated authority is not necessarily granted to the local county mental health director. If the county elects to do this, the language of the resolution, ordinance, etc., is determined by the local Board of Supervisors and is specific to “administrative agent,” and is thus subject to broad or narrow interpretation depending on county policies.

Delegated authority is a local government designation, and therefore subject to the full jurisdiction and discretion of the county in terms of implementation related to this agreement. As a result, the actual scope of authority varies significantly county to county and from issue to issue. Such variance is particularly the case when funds are being authorized to leave the county and be assigned to the state. Delegated authority related to “assignment” most likely is prohibited without local Board authorization.